

**MEDICA 2004 – Düsseldorf/Germany November 24-27, 2004**

**U.S. COMPANY & PRODUCT - INTEREST FORM**

**Yes, we will attend MEDICA.**

(Please copy your business card onto the fax form)

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**We are (please mark):**

- |                                       |                                     |                                      |                                   |
|---------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Distributor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Exporter     | <input type="checkbox"/> Importer   | <input type="checkbox"/> Agent       | <input type="checkbox"/> Other    |

Our product line:

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**We would like to meet with the following U.S. companies:**

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**We are interested in the following product lines/areas:**

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☐ **Please call me to discuss further details.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>Please fax back to:</b>	<b>+49-211-737 767 67</b> <b>U.S. Consulate Düsseldorf / Germany</b> <b>Attn. Ms Anette Salama</b> <b>Phone: +49-211-737 767 60</b> <b>Email: Anette.Salama@mail.doc.gov</b>
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